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ABSTRACT

The purpose of this manual is to provide families, educators, community leaders, and others with current information to assist in the development of comprehensive prevention programs that provide opportunities for all children to develop into drug-free, productive adults. Part I describes the psychosocial factors that place children at risk for drug use, violence, school failure and other destructive behaviors. The manual places these factors in the context of a child's interaction with peers, family, school, and community. It describes the risk factors, as well as the protective factors in each of these interactions and how a program should address the interactions. Part II outlines the characteristics of children in different development stages and offers examples of strategies that are appropriate to each stage. Part III includes sample worksheets that are designed to facilitate a step-by-step approach to developing a comprehensive prevention education program. Part VI contains visual aids for photocopying or making into transparencies. (Contains 33 references.) (JE)

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DEVELOPING THE RESILIENT CHILD

A Prevention Manual
For Parents, Schools, Communities and Individuals

developed by

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for the U.S. Department of Education
and
Representatives of the 12 State Educational Agencies in the Northeast Region

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PREFACE

The purpose of this manual is to provide families, educators, community leaders and others with current information to assist in the development of comprehensive prevention programs to provide opportunities for all children to develop into drug-free, productive adults.

The following manual demonstrates how comprehensive prevention education is the result of collaborative, coordinated and systematic efforts which:

- utilize the most accurate, up-to-date prevention research;
- present information in a format that is easy to use;
- meet the needs of all the essential partners in the prevention efforts; and
- provide appropriate worksheets for program development and evaluation.

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The development of this manual was made possible by the support of the 12 state educational agencies in the Northeast and the Northeast Regional Center for Drug-Free Schools and Communities.

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The Center would like to acknowledge the efforts of Roni Skerker and George McDonough, the primary authors of this manual. We would also like to thank Tom Murray and Ron Rix of the Northeast Regional Center, and Biagio Musto of Pennsylvania for their support in assembling this document.

TABLE OF CONTENTS

		Page
Section I.	**Overview**	1
Section II.	**The Child at Risk**	3
	Protective Factors	6
	Comprehensive Prevention Education	7
Section III.	Part I **Risk Factors and Strategies**	
	An Overview	8
	School	9
	Individual/Peers	10
	Community	11
	Family	12
	Part II **Developmental Stages**	13
	Part III **Worksheets**	
	Risk Factors Identified for Children in the Community	17
	Protective Factors That Need to be Enhanced	18
	Current Prevention Programs	19
	Prevention Programs Needed to Impact the Developmental Stages of Youth	20
	Worksheet for School Agency-Family Component	21
	Worksheet for Family Involvement	22
	Community Resource Identification Worksheet	23
	Part IV **Visual Aids**	29
	Child at Risk — Psychosocial Causes	30
	Risk Factors	31
	Developing the Resilient Child	32
	Protective Factors	
	Community	33
	School	34
	Individual/Peers	35
	Family	36
References		37

SECTION I

OVERVIEW

For the past several decades, the use of alcohol and other drugs by Americans has created major problems which have impacted all facets of our society. As a result, schools, communities, families, judicial and penal institutions, law enforcement agencies and private industry have collectively cried out for the resources to put an end to this "social scourge."

One response to this cry of need came with the passage by the federal government of the Drug-Free Schools and Communities Act of 1986. Now schools — which heretofore had seen their primary role as instruction in the "three Rs" — had to include instruction in alcohol and other drug prevention. Quite justifiably, the schools used these new resources as they had with other new mandates in the past. They purchased new educational supplies, materials, and equipment that were appropriate under the mandate. Many of them sponsored assemblies and brought in speakers who addressed drug-related topics. Districts often assigned someone to coordinate their drug programs. Very few were experienced and/or trained in substance abuse prevention issues, and many were looking for "what was working."

After the first few years, nearly all the educators who had been involved with the Drug-Free Schools and Communities effort realized that the usual approaches were not going to work. First, many realized that alcohol, tobacco and other drug (ATOD) use was not an educational problem, but a behavioral problem. As one educational administrator said, "You can purchase the curriculum, teach the curriculum, and test the curriculum to see if the students know the information, but you may only be proving that you have knowledgeable users." Second, there is a growing realization that ATOD prevention efforts must extend beyond the domain of schools. Many other state and federal ATOD prevention programs are being supported through community groups and agencies outside of the schools. Since these programs are designed to assist schools, children, communities and families, it is only sensible to include all of these groups in comprehensive prevention efforts.

Developing effective prevention programs, therefore, requires collaboration and cooperation among various systems and groups. These systems and groups must develop multiple strategies in order to impact the multiple causes of ATOD use and other negative behaviors. In addition, these strategies must be appropriate for the developmental stages of the individuals targeted. Prevention strategies acknowledge that the developmental stages of children will determine what strategies should be provided in prevention programs. Successful programs recognize that children progress through a continuum, from a period when society must provide everything for the child, through a time of transition, and to a point at which the individual becomes a contributor to society.

However, the child does not progress through this continuum in a vacuum. To ensure that prevention education is effective, parents, schools, individuals and the entire community must be involved. Families, schools and communities must form partnerships in order to develop and implement programs designed to nurture resilient children who are protected from the psychosocial causes and risk factors associated with ATOD use and other destructive behavior.

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For this partnership to develop and succeed, there must be a shared understanding of:

- the relationship between the risk factors and the psychosocial causes of ATOD use and other high-risk behaviors;
- the protective factors and strategies necessary to mitigate the negative risks that can lead to aberrant behaviors;
- the definition of comprehensive prevention education;
- effective prevention strategies at key developmental stages;
- a process to assess community needs in light of risk factors and protective factors; and
- methods to identify and mobilize critical community resources.

The following pages should enable families, educators and community leaders to understand the current research and information necessary to begin the process of developing comprehensive prevention education for the children and families in their communities.

SECTION II

THE CHILD AT RISK

In past years, researchers and educators, as well as other individuals who have worked with children, have discovered that certain environmental factors place children at risk for ATOD use, violence, vandalism, truancy, school failure and other destructive behaviors.

The following illustration displays some of the psychosocial causes that place a child at risk:

PSYCHOSOCIAL CAUSES

ALIENATION
APATHY
BOREDOM
DARE
DEFIANCE
DEPRESSION
EMOTIONAL PAIN
ENVIRONMENT
ESCAPE
FAILURE
FAMILY PROBLEMS
FRUSTRATION
HOPELESSNESS
IGNORANCE
INSECURITY
LONELINESS

LOW SELF ESTEEM
NEGATIVE PEER PRESSURE
NEGATIVE ROLE MODELS
NON-GOAL ORIENTED
POOR SELF IMAGE
POWERLESSNESS
REBELLION
REJECTION
TENSION
UNAWARE
UNCHALLENGED
UNEQUAL
UNLOVED
UNMOTIVATED

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In the past, when a child exhibited negative behaviors, it was typically attributed to psychosocial causes. The response of caring adults was to develop a program or strategy to address the specific psychosocial factor. However, research now indicates that these factors are more accurately viewed as symptoms of a broader problem. Therefore, it has become necessary to take a broader approach — one which examines the individual child's behavior and his or her interaction with peers, family, school and community. The ultimate goal is to develop a resilient child — a child who is capable of responding to the many psychosocial factors, as well as being able to manage the risk factors present within his or her world.

Therefore, in simple terms, the focus of all prevention programs is to develop a resilient child. The profile of a resilient child is one who "works well, plays well, loves well and expects well." (Werner, 1988.) A resilient child possesses problem-solving skills, social skills, autonomy, and a sense of purpose and future. Most children become resilient through a complex interaction of protective factors within their world. These factors can be identified within four specific areas or domains — that is within the child and peers, the family, the school and the community.

DEVELOPING THE RESILIENT CHILD

PROTECTIVE FACTORS

Community

- Clear Norms
- Clear Rules and Regulations
- Intergenerational Ties
- Competent Role Models
- External Support Systems

Family

- Strong Religious Affiliation
- Consistent Rituals and Traditions
- Clear Rules and Regulations
- Clear Norms
- Significant Relationship with Parent or Caregiver

Individual & Peers

- Ability to Set Goals
- Good Sense of Humor
- Autonomy
- Ability to Develop Friendships
- Strong Sense of the Future
- Strong Social Competencies
- Belief in One's Self
- Good Health
- Average Intelligence
- Easy Temperament

School

- Clear Rules and Regulations
- Competent Role Models
- Great Expectations for All Children
- Guidance of Social Competencies
- Significant Relationship with Adult
- Goal-Directed Behavior
- Solid School Ethos

COMPREHENSIVE PREVENTION EDUCATION: A DEFINITION

A comprehensive prevention education program must be a multi-dimensional and multi-faceted approach and must:

- promote the well being of all young people, beginning before birth;
- be age appropriate;
- strive to develop resilient children;
- reduce risk factors and enhance protective factors in the individual, school, family and community;
- teach and reinforce life skills, e.g., decision making and peer resistance;
- provide opportunities for guided rehearsals in a variety of contexts to achieve mastery of skills;
- be developmentally and culturally appropriate;
- provide accurate information at all grade levels to establish positive, normative expectations among youth;
- include early intervention activities that impede risk-taking and destructive behaviors; and
- address the needs of youth from high-risk environments, including children exposed to ATOD prenatally and/or after birth.

For prevention education to be successful, it must be a broad-based, community-wide effort that develops within our children the skills, attitudes and attributes necessary for them to become drug-free, productive citizens. Prevention education is a difficult task, and it requires the coordination and collaboration of all members of the community. While police, schools and local helping agencies are often viewed as key players in the community, there are other groups that may become involved for prevention to be successful. They include:

- family;
- media (local and national);
- industry and business;
- clergy;
- agencies (public and private);
- local government;
- medical community;
- judicial system;
- senior citizens;
- youth outreach workers;
- youth;
- representatives of ethnic groups;
- community organizations; and
- institutions of higher education.

These groups must come together to identify what portion of comprehensive prevention education each is best qualified to offer and develop appropriate strategies to ensure that all children have access to these services.

SCHOOL

RISK FACTORS

- negative school climate
- undefined or unenforced school policy
- availability of ATOD
- transition between schools
- academic failure
- labeling and identifying students as "high risk"

PROTECTIVE FACTORS

- clear rules and regulations
- competent role models
- great expectations for all children
- reinforcement of developing social competencies
- relationship with significant adult
- goal-directed behavior
- school ethos

PROGRAMS SHOULD:

- express high expectations
- encourage goal setting and mastery
- have a staff that is "nurturing" and "caring"
- encourage pro-social development
- provide leadership and decision-making opportunities
- foster active student involvement
- provide training of teachers in social development and cooperative learning
- provide ATOD alternative activities

INDIVIDUAL/PEERS

RISK FACTORS

- early antisocial behavior
- feelings of alienation
- rebelliousness
- favorable attitudes toward drug use
- early first use
- greater influence by and reliance on peers (more so than parents)
- identification with friends who use tobacco, alcohol, and other drugs

PROTECTIVE FACTORS

- ability to set goals
- good sense of humor
- autonomy
- ability to develop friendships
- strong sense of the future
- strong social competencies
- belief in one's self
- good health
- average intelligence
- easy temperament

PROGRAMS SHOULD:

- involve drug-free activities
- demonstrate respect for authority
- bond to conventional groups
- appreciate the unique talents that each person brings to the group

COMMUNITY

RISK FACTORS

- economic/social deprivation
- low neighborhood attachment and community disorganization
- lack of employment opportunities and youth involvement
- easy availability of alcohol, tobacco, and other drugs
- favorable use of ATOD as evidenced by community norms and laws

PROTECTIVE FACTORS

- clear norms
- clear rules and regulations
- intergenerational ties
- competent role models
- external support systems

PROGRAMS SHOULD:

- provide norms and policies supporting non-use
- provide access to resources (housing, healthcare, child car, job training, recreation, employment)
- provide supportive networks and social bonds
- involve youth in community service

FAMILY

RISK FACTORS

- problematic family management
  - — unclear expectations for behavior
  - — lack of monitoring
  - — inconsistent or harsh discipline
  - — lack of bonding or caring
- condoning teen use of alcohol and other drugs
- misuse of tobacco, alcohol, and/or other drugs by parents
- low expectations of child's success
- risky family history, including presence of alcoholism
- lack of prenatal care

PROTECTIVE FACTORS

- religious affiliation
- solid rituals and traditions
- clear rules and regulations
- clear norms
- significant relationship(s) with parent or caregiver

PROGRAMS SHOULD:

- have parent(s) or caregiver(s) that
  - — seek prenatal care
  - — develop close bond(s) with child(ren)
  - — value and encourage education
  - — manage stress well
  - — spend quality time with child(ren)
- have high warmth/low criticism
- nurture and protect
- express clear expectations
- share family responsibilities
- encourage supportive relationships with caring adults beyond the family

SECTION III
PART II

DEVELOPMENTAL STAGES

To be successful, comprehensive prevention programs must address identified risk factors, enhance protective factors, and acknowledge and incorporate the developmental stages of children. The following pages outline characteristics of children at their developmental stages and offer some examples of strategies that are appropriate at each stage.

Children Up to 3 Years Old

The earliest years of a child's development lay the foundation for future patterns of behavior and development. The most critical variable for the healthy development of children at this level is consistent nurturing and warmth from parents and/or primary caregivers. It is important to:

- provide comprehensive health and social services for prenatal care;
- provide accurate information to pregnant women regarding fetal alcohol syndrome and the results of fetal drug exposure;
- provide proper child care training to parents of newborns to help foster bonding and nurturing between parent(s) and child;
- organize networks of support groups for parents of newborns; and
- provide quality day care for families of young children.

Pre-Kindergarten

At the pre-kindergarten stage of development, parents and children are preparing for the transition to the school setting. While still developing language and motor skills, children also need to learn social skills through play and group activities with other children. It is important to:

- provide programs for parents and children that promote bonding to family and school and develop family expectations of success;
- provide programs which inform parents of the child's needs at this stage of development, including information on risk and protective factors;
- provide activities for children that emphasize caring and cooperation with other children and enhance the development of pro-social skills; and
- provide child-initiated activities which develop the child's autonomy through planning and decision making.

Kindergarten-3rd Grade

The younger children of this age group are making the transition to school, yet are still primarily oriented to their parents. They require clear rules and limits for their behavior, as well as security in their environments. They are learning to enjoy group play, but still have not acquired the ability to deal with more than one or two ideas at a time. It is important to:

- implement a comprehensive prevention curricula;
- provide programs and activities as suggested for pre-K children;
- provide programs and activities which enhance a child's self esteem;
- teach assertiveness skills;
- begin introduction of simple drug information;
- train parents and school personnel in the developmental needs of children; and
- begin to teach or reinforce cooperative play and learning experiences.

4th-5th Grades

Older role models and parents have a great influence on children's behavior for this age group, but the family system is still influential. Group play and peer relationships are more widely enjoyed. As such, there is a concern for physical image, and competitive behaviors emerge. These behaviors are sometimes conducted without regard for how they affect others. There is sometimes experimentation with tobacco, alcohol and other "gateway" drugs. It is important to:

- establish family, school and community norms which promote non-drug use;
- have teachers select and use appropriate classroom activities which deliver a "no use" message and teach social competencies;
- provide teachers with training to develop cooperative learning groups which promote academic achievement through pro-social influence;
- provide training for parents and school personnel on the developmental needs of their children including risk and protective factors; and
- develop processes to assess and improve school climate.

6th-8th Grades

Children of this age group are beginning to think abstractly and are capable of problem solving and integrating multiple factors to understand concepts. They are entering a "tumultuous and intimidating" stage. They are oriented in the present, mainly concerned with peer acceptance, physical and sexual maturation, and awkwardness in social behavior. Children experiment with chemicals and other risk-taking behaviors to feel part of a social group. It is important to:

- provide programs and activities as suggested previously for children in grades 4-5;
- provide psychosocial programs which fortify children with refusal skills;
- provide positive peer role models;
- provide opportunities for leadership and involvement;
- train parents and school personnel in the developmental needs of adolescents; and
- provide mentor and advisor/advisee relationships.

9th-12th Grades

Adolescents are seeking identity, autonomy and financial independence. They are seeking significant relationships with others their age while distancing themselves from family. However, they still need understanding, support and encouragement to make a successful transition to the adult world. It is important to:

- provide opportunities for students to demonstrate important skills to younger teens;
- provide opportunities to explore career options;
- provide employment and business experiences;
- involve students in planning, decision making and group problem solving;
- conduct community projects, peer programs and drug-free activities which provide leadership opportunities for students;
- train parents and school personnel in the developmental needs of adolescents; and
- reinforce social competencies.

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SECTION III
PART III

WORKSHEETS

The following worksheets have been designed for use by schools, communities and families. They are designed to facilitate a step-by-step approach to develop a comprehensive prevention education program. By completing the appropriate worksheets, these groups can assess prevention programming needs and identify gaps in current services.

RISK FACTORS IDENTIFIED FOR CHILDREN IN THE COMMUNITY

SCHOOL	FAMILY	COMMUNITY	INDIVIDUAL

WORKSHEET #2

PROTECTIVE FACTORS THAT NEED TO BE ENHANCED

SCHOOL	FAMILY	COMMUNITY	INDIVIDUAL

WORKSHEET #3

CURRENT PREVENTION PROGRAMS

List current programs that address known risk factors, enhance protective factors, and are developmentally appropriate.

Birth to Age 3	Pre-School	K-3	4-5	6-8	9-12

WORKSHEET #4

PREVENTION PROGRAMS NEEDED TO IMPACT THE DEVELOPMENTAL STAGES OF YOUTH

This worksheet helps the programmer focus on the appropriate prevention program for each developmental stage in children.

Birth to Age 3	Pre-School	K-3	4-5	6-8	9-12

WORKSHEET FOR SCHOOL AGENCY-FAMILY COMPONENT

What programs/strategies have encouraged family participation in the past?	Why have they worked?	How can you incorporate these elements into prevention efforts?

WORKSHEET #6

Brainstorm a list of creative ways for families to participate in and support prevention efforts.

WORKSHEET FOR FAMILY INVOLVEMENT

List creative ways in which families can become involved	What needs to be done?

COMMUNITY RESOURCE IDENTIFICATION WORKSHEET

ORGANIZATION	RESOURCES	CONTACT PERSON
SERVICE ORGS.	Programs, Facilities Kids, Parents	
Lions		
Elks		
Rotary		
Women's League		
YMCA/YWCA		
Boy/Girl Clubs		
Boy/Girl Scouts		
Prof. Athletes		
SOCIAL SERVICES	Referrals, Expertise	
Youth Services		
Counseling Ctrs.		
D/A Agencies		
Mental Health		

ORGANIZATION	RESOURCES	CONTACT PERSON
MEDICAL	Speakers, Info.	
Private Doctors		
Medical Associations		
Hospitals		
Clinics		
LOCAL BUSINESS	Donations, Rewards, Services	
Printers		
Amusements		
INDUSTRY	Internships, Workers Materials	
SENIOR CITIZENS	Time, Experience, Trans., Votes, Support	
Local Senior Ctr.		

ORGANIZATION	RESOURCES	CONTACT PERSON
PARENTS	Support, Professionals, Chaperones, Votes	
PTOs		
Neighborhood Groups		
SCHOOLS	Kids, Materials, Support	
Social Workers		
Student Groups		
Counselors		
PE Equip./Gym		
FACILITIES		
Auditorium		
Cafeteria		
Print Shop		
IA		
Home Ec.		
Business Dept.		
Special Ed.		
Bus transportation		

WORKSHEET #7 Con't.

ORGANIZATION	RESOURCES	CONTACT PERSON
LOCAL GOVERNMENT	Support, Resources Speakers, Meet space, Visibility	
Mayor		
Council/Select		
Police		
Recreation		
Health Dept.		
DPW		
Library		
STATE GOVERNMENT	Funds, Info., T.A.	
CSAP		
DCYS		
SDE		
SSA		
Human Serv.		
Health Dept.		
Legislators		

WORKSHEET #7 Con't.

ORGANIZATION	RESOURCES	CONTACT PERSON
FEDERAL GOVERNMENT	Support, Bills, $, Materials	
Clearinghouse		
CSAP		
Health/Hum. Serv.		
Congress		
Federal Register Grants		
RELIGIOUS ORGS.	Support, Meet space, Manpower	
Area Churches		
MEDIA		
TV		
Radio		
Newspapers		
Cable TV		

YOUTH GROUPS		
Peer Leaders		
SADD		
Student Council		
Athletics		
Music Groups		
Gangs		
OTHER		

SECTION III
PART IV

VISUAL AIDS

The following information has been described and discussed in the body of this document. These visuals have been enlarged in order to be easily photocopied or made into transparencies.

CHILD AT RISK
PSYCHOSOCIAL CAUSES©

ALIENATION
APATHY
BOREDOM
DARE
DEFIANCE
DEPRESSION
EMOTIONAL PAIN
ENVIRONMENT
ESCAPE
FAILURE
FAMILY PROBLEMS
FRUSTRATION
FUN
HOPELESSNESS
IGNORANCE
INSECURITY
LONELINESS

LOW SELF ESTEEM
MACHO
NEGATIVE PEER PRESSURE
NEGATIVE ROLE MODELS
NON-GOAL ORIENTED
POOR SELF IMAGE
POWERLESSNESS
REBELLION
RECREATION
REJECTION
TENSION
UNAWARE
UNCHALLENGED
UNEQUAL
UNLOVED
UNMOTIVATED

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RISK FACTORS

SCHOOL

- negative school climate
- undefined or unenforced school policies and procedures
- availability of ATOD
- transition between schools
- academic failure
- labeling and identifying students as "high risk"

CHILD/PEERS

- early antisocial behavior
- feelings of alienation
- rebelliousness
- favorable attitudes toward drug use
- early first use
- greater influence by and reliance on peers
- identification with friends who use tobacco, alcohol, and other drugs

COMMUNITY

- economic/social deprivation
- low neighborhood attachment and community disorganization
- lack of employment opportunities and youth involvement
- easy availability of tobacco, alcohol, and other drugs
- favorable use of ATOD as evidenced by community norms and laws

FAMILY

- problematic family management
  - — unclear expectations for behavior
  - — lack of monitoring of children
  - — inconsistent or harsh discipline
  - — lack of bonding to or caring for children
- condoning teen use of alcohol and other drugs
- favorable attitudes toward ATOD use
- low expectations of child's success
- family history of alcoholism
- lack of prenatal care

DEVELOPING THE RESILIENT CHILD

The Northeast Regional Center for Drug-Free Schools and Communities

PROTECTIVE FACTORS

Community

- Clear Norms
- Clear Rules and Regulations
- Intergenerational Ties
- Competent Role Models
- External Support Systems

PROTECTIVE FACTORS

School

- **Clear Rules and Regulations**
- **Competent Role Models**
- **Great Expectations for All Children**
- **Reinforcement of Developing of Social Competencies**
- **Relationship with Significant Adult**
- **Goal-Directed Behavior**
- **School Ethos**

PROTECTIVE FACTORS

Individual/Peers

- Ability to Set Goals
- Good Sense of Humor
- Autonomy
- Ability to Develop Friendships
- Strong Sense of the Future
- Strong Social Competencies
- Belief in One's Self
- Good Health
- Average Intelligence
- Easy Temperament

PROTECTIVE FACTORS

Family

- **Religious Affiliation**
- **Solid Rituals and Traditions**
- **Clear Rules and Regulations**
- **Clear Norms**
- **Significant Relationship with Parent or Caregiver**

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